

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

PrimeCo Wireless Communications LLC

Service Provider Name

Chicago 20 MHz, LLC

Company Address, City, State, Zip

One Pierce Place

Suite 1100

Itasca, IL 60143

Service Provider Type

☒ Wireless

☐ Wireline

Name(s) of Wireless License Holder(s)

PrimeCo Spectrum Holdings LLC

Contact Name

Gary Burge

Contact Tel #

(630) 285-8527

Fax #

(630) 773-3086

E-mail Address

gburge@primeco.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Iroquois County, IL

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
Iroquois County, IL – 911 calls routed to Iroquois County Sheriff Police

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.
All work was completed prior to September 30, 2001

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.
September 30, 2001

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.
None

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.
N/A

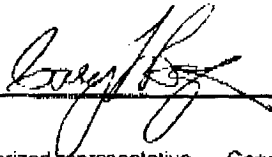
Section 4**Certification - To be signed by an authorized representative of the reporting entity**☒

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☒

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 30, 2001.

Signature



Printed name of authorized representative Gary Burge

Title CFO

Date March 11, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.